

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED

2011 AUG -3 AM 11:08
Office use only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines

FEC MAIL CENTER
12FE4M5

Reclaim America PAC

ADDRESS (number and street)

228 S. Washington St., Ste. 115

(Check if address
is changed)

Alexandria

VA

22314

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

llisker@hdafe.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

MM
08

DD
02

YYYY
2011

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Lisa Lisker

Signature of Treasurer

Electronically Filed by Lisa Lisker

Date

MM
08

DD
02

YYYY
2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

11030644861

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:☐

House

☐

Senate

☐

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

Party Committee:

- (d) ☐ This committee is a ☐ (National, State
(or subordinate) committee of the ☐ (Democratic,
Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☒ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

| | |
|-------------------------|------------------------------------|
| 1. <input type="text"/> | FEC ID number <input type="text"/> |
| 2. <input type="text"/> | FEC ID number <input type="text"/> |
| 3. <input type="text"/> | FEC ID number <input type="text"/> |
| 4. <input type="text"/> | FEC ID number <input type="text"/> |

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Write or Type Committee Name

Reclaim America PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

MARCO RUBIO

Mailing Address

2030 SOUTH DOUGLAS ROAD

CORAL GABLES

FL

33134

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Lisa Lisker

Mailing Address

228 S. Washington St., Ste. 115

Alexandria

VA

22314

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 703 - 549 - 7705

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

of Treasurer

Lisa Lisker

Mailing Address

228 S. Washington St., Ste. 115

Alexandria

VA

22314

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 703 - 549 - 7705

11030644863

Full Name of
Designated
Agent

Keith Davis

Mailing Address

228 S. Washington St., Ste. 115

Alexandria

VA

22314 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Assistant Treasurer

Telephone number 703 - 549 - 7705

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T

Mailing Address

1909 K St., NW

Washington

DC

20006 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Chain Bridge Bank

Mailing Address

1445-A Laughlin Ave.

McLean

VA

22101 -

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|--|--------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
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| <input type="checkbox"/> USPS Express Mail | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i> | Shipping Date <i>8/3/11</i> |
| Next Business Day Delivery <input checked="" type="checkbox"/> | |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
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| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| <i>Chap</i> PREPARER | <i>8/3/11</i> DATE PREPARED |

(3/2005)

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